

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #:  
DATE FILED: 12/17/2024

3/5/2 Capital Group LLC on behalf of 3/5/2 Capital ABS Master Fund LP

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

24 CV 05102-VEC ( ) ( )

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

Jeremy Briggs

(full name(s) of the defendant(s)/respondent(s))

**APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at:

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount:

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☒ Yes ☐ No

If "yes," my employer's name and address are:

Gross monthly pay or wages: \$5,425

If "no," what was your last date of employment?

Gross monthly wages at the time:

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment ☒ Yes ☐ No  
(b) Rent payments, interest, or dividends ☐ Yes ☐ No

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

**My wife works and brings home about \$1,800 gross monthly wage**

If you answered "No" to all of the questions above, explain how you are paying your expenses:

**Just started work at end of October so working towards getting more hours and monthly income**

4. How much money do you have in cash or in a checking, savings, or inmate account?  
**\$3,000**
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:  
**Own Home - Townhouse approximate value \$435,000, Truck \$17k, stock \$3,000**
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:  
**Housing - \$2,617, Groceries - \$700, Medical \$1,700, Utilities \$614, Credit Cards \$1,600, Vehicle \$410, Home insurance - \$550, Student loans \$1,085,**
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

*Declaration:* I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

**December 13, 2024**

Dated

**Briggs, Jeremy, W**

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

**8100 242nd ST SW Unit A Edmonds**

**WA**

**98026**

Address

City

State

Zip Code

**425-375-6133**

**jeremyw.briggs@gmail.com**

Telephone Number

E-mail Address (if available)

Application DENIED AS MOOT. Because Mr. Briggs is a defendant, not a plaintiff, he is not required to pre-pay fees and costs.

Mr. Briggs is advised that filing this application does not constitute an appearance in this case. If Mr. Briggs intends to be represented by counsel, his counsel must file a notice of appearance. If he intends to represent himself, he must file a notice of appearance indicating that he will be proceeding pro se. He is further advised that the deadline to respond to the Complaint was December 11, 2024. (*See* Dkt. 96.) Default judgment may be entered against him if he continues to fail to appear and respond.

If Mr. Briggs wishes to represent himself, he is strongly encouraged to review the resources available for pro se litigants in this District, including the Federal Pro Se Legal Assistance Project run by the City Bar Justice Center. An overview of these resources is available on the Court's website at <https://www.nysd.uscourts.gov/prose>.

The Clerk of the Court is respectfully directed to mail a copy of this order to Mr. Briggs at 8100 242nd ST SW Unit A, Edmonds, WA 98026.

SO ORDERED.

 12/17/2024

HON. VALERIE CAPRONI  
UNITED STATES DISTRICT JUDGE